

**Request for Proposals No. S00R5400075  
Construction Finance Manager Services  
Price Proposal**

**OFFEROR NAME:** \_\_\_\_\_

**Notes:**

1. Estimated volumes provided for the purposes of comparing proposals and are not intended to be a guarantee of work effort.

**Section I. Estimated Hours**

	<b>I</b> <b><u>Classification</u></b>	<b>II</b> <b><u>Estimated Number of Hours</u></b>	<b>III</b> <b><u>Hourly Rate</u></b>	<b>IV</b> <b><u>Subtotal</u></b> <i>Number of Hours X Hourly Rate</i>
<b>1</b>	<b>Certified Public Accountant</b>	<b>100</b>	\$ _____	\$ _____
<b>2</b>	<b>Bookkeeper</b>	<b>150</b>	\$ _____	\$ _____
<b>3</b>	<b>Support Staff</b>	<b>50</b>	\$ _____	\$ _____
<b>4</b>	<b>Total Estimated Price for Construction Manager Services</b>			\$ _____

**Section III. Offeror Information and Signature**

Name of Offeror: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact Name \_\_\_\_\_

Email: \_\_\_\_\_

FID/ FEIN#: \_\_\_\_\_

Maryland MBE Certification No. (if applicable): \_\_\_\_\_

By: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date: \_\_\_\_\_

Maryland SBR Certification No. (if applicable) \_\_\_\_\_